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What Is Cancer?

By Simon Mitchell

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Cancer is a process that has always effected animals, it is just as common in domestic and farm animals, birds and fishes as it is in humans. Western scientific medicine has been effective in minimising infectious diseases. Many of us are living longer and cancer has almost been accepted as a normal feature of the ageing process. But statistics do not bear this out. The incidence of cancer is increasing in all age groups.

Because cancer cells take some time to grow to a stage where they are a large enough mass to be identifiable, it might be 18 months to 3 years, even 30 years before the disease is diagnosed by a doctor. By then we can be more than half-way down the path to a terminal illness. Due to our psychological make-up we are often immobilised by the news.

We tend to minimise it or deny that it has happened to us. We get depressed. Why me? A cycle of immobilisation – minimisation – depression often occurs. Those who do break out of it and manage to accept the reality start testing for options, often against the clock find out that cancer is an awesome and complex subject providing a great example of opening a whole can of worms. Information overload, specialist language, ignorance of alternatives, vested interest, lack of co-operation, paradigm gaps, lack of access to specific information or treatment and a host of barriers such as language translation exist that prevent understanding the problem let alone the latest research.

Since an allopathic doctor (Western surgical doctor) is generally the first point of contact for this dis-ease, cancer is mostly treated only with chemotherapy, radiotherapy, surgery and more recent biological breakthroughs in hormone treatment. Despite billions spent on research these are basically the same options we had fifty years ago. Essentially the basic treatment of cancer has not changed for many years.

Orthodox treatments for cancer can be brutal and expensive but in the face of scientific medical evidence are the best we have. Solid information on alternatives is confusing, contradictory, unproved

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and unsupported by current medical models. Many medical doctors view alternatives or complementary approaches with doubt. Those that do endorse them do so mainly because they might enhance the patients quality of life or contribute to palliative care (palliative: relieving pain or alleviating a problem without dealing with the cause).

Many complementary and alternative practitioners point out that allopathic cancer treatments are only palliative because they treat effects without looking at causes. An example is using pain killers to take away a headache. Although it is highly useful and very convenient it is no guarantee that the headache wont re-occur. Similarly the orthodox treatment of cancer is more concerned with treating the dis-ease than the patient.

How does it start?

In cancer, a cell, or group of cells, loses touch with where it is in the scheme of things, its synergy,

and starts replicating for itself. The word synergy comes from the Greek sunergos, meaning working together. Synergy is the interaction of two or more agents, that produces an combined effect greater than the sum of their separate effects, in this case – us. All the cells in a healthy body work together to give us life. They exist as unique individual cells in their own right but also have a higher function, contributing to the life-form of which they are part. Every one of the two thousand billion cells in our bodies has as many working parts as a passenger airliner so it is quite usual for some of these cells to suffer damage.

We all have the potential for cancer. Even a healthy body carries about 10,000 malignant cells and a fully functioning immune system will remove them. But what do cells get that change them, click them out of the whole system of our body to become selfish and self-replicating?

Some doctors refer to this simply as insult. What happens when you insult a cell so often it gets upset? Just like you or I might do – it gives up on the host and sets out for itself. Our consumer culture is presently rich in ways for us to insult our cells and stress them without us even realising.

The growth begins when oncogenes (controlling cell growth and multiplication) in a cell or group of cells are transformed by carcinogens. Cell insult often starts with free radicals, which are unstable atoms or molecules produced by the body as part of its natural defence against disease. Sometimes the body over-reacts in its production of these and produces more than it needs. Recognised stressors that can spark overproduction include cigarette smoke, smog or pollution, too much ultraviolet light, illness or even too much exercise!

Free radicals contain a negative charge that makes them highly reactive. As soon as they are produced they start looking for other molecules with positively charged particles. The reaction they have on meeting is called oxidisation, and this reaction can have a harmful effect, damaging the D.N.A. inside cells or cell membranes and opening the door for cancer.

When a cell is changed into a tumour-forming type, the change in its oncogenes is passed onto all offspring cells. Hence a small group can become established and then start dividing rapidly. Usually

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these cells give up on their normal specialised task in the body and escape from normal controls such as bodily hormones and nerves.

Cancer has no regard for the condition of its host only the success of its own growth, it is anti-synergistic and a parasite to the body, consuming nutrients and contributing nothing. It converts the energies around it to its own use and blocks any attacks by suppressing the bodys own immunity. This immunity self-attack is an emerging pattern in modern diseases.

Cancer cells interact with each other and cells around them. They affect the growth of cells nearby and elsewhere in the body, they change the immune system to benefit themselves, they can avoid or destroy normal body defences such as lymphocytes. They can even persuade the body to grow new blood vessels to feed a tumour.

Cancer cells move seemingly at will around the body, dissolving the glue of healthy cell walls to pass through and set-up camp elsewhere, creating metastases (secondary growths) seemingly anywhere. It is a highly complex disease with over a hundred definable types and many variables within each.

Cancer is a form of chaos that grows inside us. It is no wonder this most frightening and mysterious of diseases is immortalised in the dreaming mechanisms of our media. Movies such as the Alien series

capitalise on our fears of something unknown and unwanted growing inside us.

Cell insult happens in a number of ways and if the right conditions for cancer exist it will start to grow through cell multiplication. Once the cancer growth gets going, and the conditions that engendered it are still present, the growth continues at various rates, depending on the host and what they provide. Cancer grows best in an P.H. acid body with lots of glucose, oxygen and easily accessible nutrients.

Even with immortal cell replication it can take many years before a cancer becomes noticeable. A million cells together create only a small growth. Diagnosis is still difficult at this stage as there may not be any visible evidence of cancer.

Simon Mitchell

This is an extract from 'Don't Get Cancer'a new ebook available only at:

<http://www.simonthescribe.co.uk/don'tget1.html>

Staging Colon Cancer

By Kyle Greatbatch

When a doctor wants to evaluate the progress of colon cancer of one of his patients he or she uses a method called Staging. This method is about finding out to what extent the tumor (colon cancer) has spread to the other regions of the patients body. Once the doctors figured out in what stage the colon cancer is, they will develop the best course of action or treatment.

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At this point in time the system that is most commonly used for the staging process of colon cancer is called the American Joint Committee on Cancer's (AJCC) TNM staging system. Simply put this system used for staging places the patients into one of four stages.

Stage 0

Stage 0 also known as carcinoma in situ or colorectal cancer. In this stage the colon cancer has been detected in the innermost lining of the colon.

Stage I

In this stage the colon cancer has already begun to spread. But the cancer is still in the inner lining of the rectum or colon. In this stage the colon cancer has not reached the outer walls of the colon yet. Stage I is also known as Duke A or colorectal cancer.

Stage II

In this stage the colon cancer spread more deeply into or through the colon or rectum. Possibly the colon cancer may have affected other tissue as well. In this stage the colon cancer hasn't reached the Lymph nodes (bean-sized structures which can be found in the entire body that helps the body fight all kinds of infections and diseases. Stage II is also known as Duke B or colorectal cancer.

Stage III

When you are in this stage the colon cancer has now spread to the Lymph nodes although it hasn't spread to nearby parts of the body. Stage III is also known as Duke C or colorectal cancer.

Stage IV

In this stage the colon cancer has spread through the Lymph node system to other nearby tissue. This is most commonly called metastasis. The organs that most likely are affected are the lungs and liver. Stage IV is also known as Duke D or colorectal cancer.

Recurrent Colon Cancer or Cancerous Cells

When doctors talk about recurrent colon cancer they mean that cancerous cells that have already been treated have returned. These cancerous cells could possibly have returned as colorectal cancer but they might as well return in any other part of the body too.

By Kyle Greatbatch

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